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Bib Data Sheet

CONFIRMATION NO. 1122

SERIAL NUMBER 10/707,123	FILING DATE 11/21/2003  RULE	CLASS 327	GROUP ART UNIT 2816	ATTORNEY DOCKET NO. BUR920030128US1
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\*\* CONTINUING DATA \*\*\*\*\* *NONE* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 02/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 7	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>DZ</i>	Initials		

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TITLE  
 LEAKAGE COMPENSATION CIRCUIT

<input type="checkbox"/> All Fees
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